



Texas Department of Insurance
Division of Workers' Compensation
Medical Fee Dispute Resolution, MS-48
7551 Metro Center Drive, Suite 100 • Austin, Texas 78744-1609

MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

PART I: GENERAL INFORMATION

Requestor Name and Address: DONALD L WEHMEYER DO 1100 NORTH 19 TH SUITE 4E ABILENE TX 79601	MFDR Tracking #: M4-10-1215-01
	DWC Claim #:
	Injured Employee:
	Date of Injury:
Respondent Name and Box #: TEXAS MUTUAL INSURANCE CO Box #: 54	Employer Name:
	Insurance Carrier #:

PART II: REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "The answer is that I am denied payment for my services based upon the NCCI edits. There is no way that, in this particular instance that a flexor tenolysis and joint release are all part of the same comprehensive procedure. By doing what is proper for the patient, I have been denied proper reimbursement by the insurance carrier. They are hiding behind this NCCI edit."

Amount in Dispute: \$2,975.76

PART III: RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "Texas Mutual's position, as communicated through its EOBs to the requestor, remains unchanged."

PART IV: SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Calculations	Amount in Dispute	Amount Due
6/4/2009	26442	N/A	\$2,975.76	\$0.00
Total Due:				\$0.00

PART V: FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

Background

- 28 Tex. Admin. Code §133.307 sets out the procedures for health care providers to pursue a medical fee dispute.
- 28 Tex. Admin. Code §133.20 sets out the procedures for health care providers to submit workers' compensation medical bills for reimbursement.
- 28 Tex. Admin. Code §134.203 sets out the fee guideline for professional medical services provided in the Texas workers' compensation system provided on or after March 1, 2008.
- The services in dispute were reduced/denied by the respondent with the following reason codes:

Explanation of benefits dated 7/23/2009

- Code 26442 is gloaled to 26525 per CCI edit
- CAC-97-The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated.
- 435-Per NCCI edits, the value of this procedure is included in the value of the comprehensive procedure

Explanation of benefits dated 9/24/2009

- Code 26442 is globalized to 26525 per CCI edit
- CAC-97-The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated.
- 435-Per NCCI edits, the value of this procedure is included in the value of the comprehensive procedure
- 891-The insurance company is reducing or denying payment after reconsideration
- W4-No additional reimbursement allowed after review of appeal/reconsideration

Issues

1. Did the requestor submit its billing in accordance with Rule 134.203(b)(1)?
2. Is the requestor entitled to separate payment for CPT code 26442 when billed with CPT code 26525?
3. Is the requestor entitled to reimbursement?

Findings

1. Pursuant to Rule 134.203 b) For coding, billing, reporting, and reimbursement of professional medical services, Texas workers' compensation system participants shall apply the following (1) Medicare payment policies, including its coding; billing; correct coding initiatives (CCI) edits; modifiers; bonus payments for health professional shortage areas (HPSAs) and physician scarcity areas (PSAs); and other payment policies in effect on the date a service is provided with any additions or exceptions in the rules.
2. The requestor billed CPT codes 26442 (2), 26525-51 (2), and 26500 on 6/4/2009. The division has applied the NCCI edits in order to determine proper reimbursement for the disputed charges. The NCCI edits indicate that CPT code 26525 and component procedure CPT code 26442 is unbundled. The standard policy also indicates that the use of an appropriate modifier may be allowed. The application of an appropriate modifier would allow for this procedure to be paid, if properly documented.
3. Review of the CMS-1500s submitted by the requestor does not indicate the use of a modifier for CPT 26442, therefore the requestor has failed to establish that payment is due.

Conclusion

For the reasons stated above, the division finds that the requestor has failed to establish that additional reimbursement is due. As a result, the amount ordered is \$0.00.

PART VI: ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code §413.031, the Division has determined that the requestor is entitled to \$0.00 reimbursement for the disputed services.

Margaret Q. Ojeda

Authorized Signature

Medical Fee Dispute Resolution Officer

Date

PART VII: YOUR RIGHT TO REQUEST AN APPEAL

Either party to this medical fee dispute has a right to request an appeal. A request for hearing must be in writing and it must be received by the DWC Chief Clerk of Proceedings within **20** (twenty) days of your receipt of this decision. A request for hearing should be sent to: Chief Clerk of Proceedings, Texas Department of Insurance, Division of Workers Compensation, P.O. Box 17787, Austin, Texas, 78744. **Please include a copy of the Medical Fee Dispute Resolution Findings and Decision** together with other required information specified in Division rule at 28 Texas Administrative Code §148.3(c).

Under Texas Labor Code Section 413.0311, your appeal will be handled by a Division hearing under Title 28 Texas Administrative Code Chapter 142 rules if the total amount sought does not exceed \$2,000. If the total amount sought exceeds \$2,000, a hearing will be conducted by the State Office of Administrative Hearings under Texas Labor Code Section 413.031.

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.